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ROUND UP

Cosmetic surgery

Penis enlargement still investigational

According to the UK Department of Health website, penis enlargement aims to increase "the length and/or girth of the penis", as follows:

"Both are surgical operations and some patients choose to have both at the same time. The entire procedure lasts just over an hour and usually takes place under a general anaesthetic. It may be necessary to include circumcision as part of the procedure. To increase the length of the penis, the surgeon will make an incision at the base of the penis and cut the ligament that attaches the penis to the body. This will cause the penis to extend out further from the body. The penis is not, therefore, actually longer but more of it is allowed to stick out from the body. The girth of the penis can be increased either by sewing strips of fat underneath the skin of the penis – a process called dermal fat grafting; or by injecting fatty tissue into the penis – this is called fat transfer. The results: The penis should appear longer and/or wider, but it will not be longer when erect. If fat transfer has been used then this is not permanent and will disappear over time. The risks: Sometimes the angle of the erection may be slightly lower after surgery, but this should not affect sexual intercourse. There is also a risk that there will be no increase in length. If fat transfer is used to increase girth, then it is possible for the penis to end up with an irregular shape. There is also the risk of loss of sensation and impotence."[1]

This was written in 2005 and as of Febuary 2010 had not been amended. Yet a 2008 review of the literature on penis enlargement, which says that requests for this surgery by men have been increasing, starts from the context that "most men who request surgical penile enhancement have a normal-sized and fully functional penis but visualize their penises as small (psychological dysmorphism)". Of the 34 papers analysed in the review, most were about small cohorts of patients. Penis length was extended by about 1–2 cm, though girth could grow by

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"Smokin" by Susan Lyman, 2009, oak, aniline wood dye

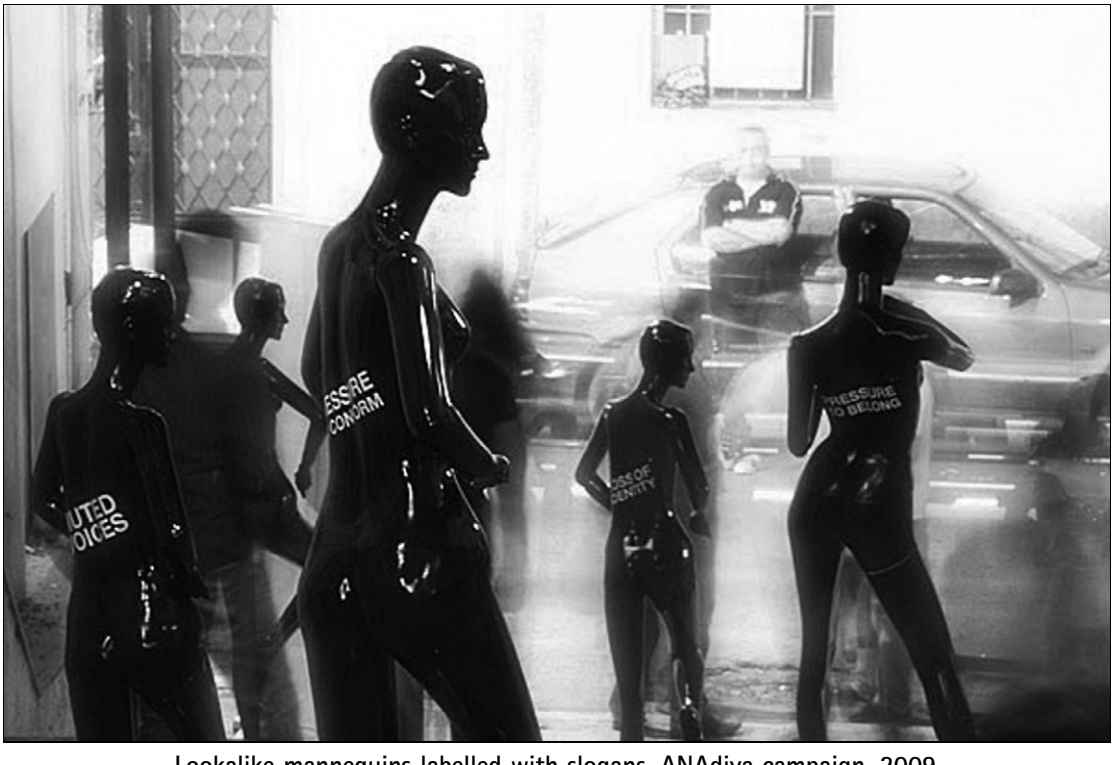
2.5 cm. The main findings and conclusions of the review were:

"Unwanted outcomes and complications, namely penile deformity, paradoxical penile shortening, disagreeable scarring, granuloma formation, migration of injected material, and sexual dysfunction were reported frequently in these studies. Disappointing short- and long-term patient satisfaction rates following these procedures were also reported in most studies. To date, the use of cosmetic surgery to enlarge the penis remains highly controversial. There is a lack of any standardization of all described procedures. Indications and outcome measures are poorly defined, and the reported complications are unacceptably high. In our opinion, until new, reliable, and more objective and reproducible data are available, these procedures should be regarded as investigational and patients should be discouraged from undergoing these invasive treatments."[2]

1. Department of Health. Cosmetic surgery: penis enlargement (or penis augmentation surgery or phalloplasty). At: <www.dh.gov.uk/en/Publichealth/CosmeticSurgery/DH_4122232>. Accessed 2 February 2010.
2. Vardi Y, Har-Shai Y, Gil T, et al. A critical analysis of penile enhancement procedures for patients with normal penile size: surgical techniques, success, and complications. European Urology 2008;54(5):1042–50.

"Be yourself or everyone else"

With this slogan, the ANAdiva campaign was launched in Beirut, Lebanon, in 2009. *Ana* means me in Arabic and the campaign aims to say every woman is a diva. The objectives were to raise awareness among decision-makers in the beauty industry that not everyone needs to look the same, and among Lebanese women to feel more self-confidence about how they look and invite them to be proud of their uniqueness. The theme chosen was: "How can design restore individuality to contemporary women? It challenged the media's influence on the creation of identities, called for Lebanese women to think critically about their perception of themselves and move



<www.anadiva.com/album.aspx>

Lookalike mannequins labelled with slogans, ANAdiva campaign, 2009

beyond the facade of glamour and perfectibility. According to Gwen Bou Jaoude, cosmetic surgery now constitutes an ordinary part of everyday life for many people and families in Lebanon. As the campaign's website says: "Cultures have always expressed their uniqueness with distinguishing characteristics: lengthening their necks, decorating their faces, veiling their heads. Currently, globalism and the media are undermining the existence of such distinguishing qualities and creating uniformity among all individuals. In Lebanon, a country still emerging from many conflicts, looking good is deemed imperative. Preoccupation with external façade has become second nature and it seems to be getting out of hand. Currently, banks openly offer loans for plastic surgery. Lebanese women, in the midst of the media's bombardment of an unattainable beauty ideal, feel compelled to meet the 21st centry body commandments at any cost. As a result... they fall in the vortex of continuous image alterations by means of plastic surgery, leading to the creation of "lookalike" females. Hence, we are all losing our cultural identity." At a public event in September 2009, a series of lookalike plastic mannequins were scattered around the hall, each with a slogan on its back such as "plastic persona", "muted voices", "mass production", "pressure to belong", "loss of identity", and "unattainable perfection".[1]

1. ANAdiva website. <www.anadiva.com>.

A psycho-therapeutic rationale for cosmetic surgery

Brazilian plastic surgeons have successfully promoted a psycho-therapeutic rationale for cosmetic surgery. In the process, cosmetic and healing rationales become blurred as patients pursue an expansive, qualitatively defined state of well-being that this author calls "aesthetic health". Brazilian plastic surgeon Ivo Pitanguy founded a plastic surgery ward in Santa Casa hospital that attends the working classes. Among the first patients in 1962 were hundreds of children burned in a horrific circus fire.

Today, both reconstructive and cosmetic surgery are available in his clinic, run with a mix of charity and federal funds, where patients receive discounted cosmetic procedures and the waiting lists are enormous. Moreover, in fully public hospitals with residency programmes in plastic surgery, some staffed by Pitanguy's students, patients can obtain free cosmetic procedures. Pitanguy's work has helped make Brazil an international center for plastic surgery. Surgeons from around the world do post-graduate training in Brazilian hospitals, while overseas patients are lured by the prospect of high quality surgery at bargain prices.

Emphasising the union of reconstructive and cosmetic procedures, Pitanguy argues that both types of surgery essentially operate not on pathologies or defects, but on a suffering psyche. Cosmetic surgery becomes a form of therapy that aims to expand notions of health such that aesthetics and healing become blurred. This notion of well-being that encompasses physical, sexual, and mental health with regulating or enhancing the self is emerging in other medical technologies as well: from neuro-enhancement to experimental regimes of sex hormones. In an interview Pitanguy is quoted as saying regarding patients with scars, bruises and deformities caused by accidents: "Patients whose appearance I improved were often more grateful to me than a patient whose life I had saved."

A "right to beauty" emerges from his philosophy, "so that the patient feels himself in harmony with his own image and the universe that surrounds him". Thus, the real therapeutic object of plastic surgery for Pitanguy, according to the author of this article, "is not the body but the mind" because "patients notoriously do not have an objective body image". Brazilian medical schools have achieved gender equity and Santa Casa's residency programme is about half female. But plastic surgery aims at a female notion of health linked to puberty, pregnancy, and menopause. "The most popular surgeries are performed on breasts and abdomens, often to correct minor 'deformities' linked to childbearing... as essentially a form of 'post-partum body contouring'."

Critiques of enhancement technologies have tended to assume they originated in rich countries, and migrated to other regions. The author concludes: "But the experimental ethos of Brazil's [a]esthetic medicine shows that peripheral regions can also be at the vanguard of medical 'innovation', as patients and surgeons adapt a global medical practice to local conditions... [V]iewing

beauty practices only as an oppressive practice makes it difficult to understand why they are being taken up with enthusiasm by women in 'emerging markets' – from Latin America to the Middle East to China. The female body and its esthetic alteration can serve as a touchstone for fears and aspirations surrounding modernity in the developing world."[1]

1. Edmonds A. Learning to love yourself: esthetics, health, and therapeutics in Brazilian plastic surgery. Ethnos 2009;74(4)465–89.

Women's narratives on cosmetic surgery: USA and UK

Modern aesthetic plastic surgery is treated with scepticism by the medical profession, academics and the general public, even as it becomes increasingly popular. Feminists have interpreted cosmetic surgery as evidence of women's self-hatred and troubled relationship to a sexually objectified body. Women who have had their surgery are required to tell their stories in a way that normalises them. A country's health care system both determines who may undergo cosmetic surgery and fosters distinct discourses for understanding and expressing controversial aspects of the practice. In the Netherlands, for example, the health service provided cosmetic surgery free to patients who could demonstrate physical or psychological need; unsurprisingly, patients who had had this surgery talked about just such needs.[1] This article studies this phenomenon through in-depth interviews with British and US women who have had cosmetic surgery in order to examine cross-cultural variations in their accounts.

Some women justified cosmetic surgery by demonstrating that their procedure neither harmed others financially nor depleted public health resources. Some defended the practice as a means to overcome physical pain, emotional distress or social isolation, while others point to monetary or other sacrifices they made to have surgery. Some refuse criticism and claim they are like other women who want to look their best. Some concede to the suggestion that it is self-indulgence or excuse their behaviour by blaming it on significant others. There was great cross-cultural variation. Citing financial sacrifice and physical effort was particularly common among US women, who live in a market-based health care system where those with more resources have greater access to treatment. US women considered themselves independent agents in the decision to have cosmetic surgery. They saw it as taking control of their bodies, e.g. as a response to ageing, and because good looks were important. In Britain, health care is considered a social right and women felt obliged to pay for their procedures privately, as a kind of luxury. British women who had had cosmetic surgery tended to deny excessive interest in appearance but described their surgery as a response to exclusion from activities or damage to personal relationships because of their bodies and to remove the cause of emotional pain. The legitimation of their 'problem' by a medical professional was important for them. This research found that individuals employed the arguments and evidence that are legitimised by their own health care system and its values. Whatever reasons they gave, however, women felt they had to account for their decision. It also seemed to be the case that variations in the availability of resources for normalising investment in the body meant that cosmetic surgery may be harder to defend in some national settings.[2]

1. Davis K. Reshaping the Female Body: The Dilemma of Cosmetic Surgery. New York: Routledge; 1995.
2. Gimlin D. Accounting for cosmetic surgery in the USA and Great Britain: A cross-cultural analysis of women's narratives. Body and Society 2007;13(1):41–60.

Botox rival hopes to raise eyebrows

Galderma, a joint venture between L'Oréal and Nestlé in the UK, is launching the first direct rival to Botox for treatment of vertical lines between the eyebrows. Azzalure, ike Botox, was developed from a therapeutic drug designed to treat muscle spasms. It is a botulin toxin which is injected into the skin and prevents muscles contracting temporarily, to smooth out the skin. It gained approval from British and US health regulators in 2009. Botox has about 83% of the global market share of neurotoxins for cosmetic use and its maker Allergan

has forecast that 2009 global sales of Botox will reach $1.2 billion. The cosmetic surgery market in Britain has grown from £143 million in 2002 to £1.2 billion in 2009 and the research firm Mintel reckons that despite the recession, increasing numbers of people will seek non-invasive and cheaper procedures. Azzalure is being licensed from the French manufacturer Ipsen which has used it for therapeutic treatments since the early 1990s. It has occasionally been used for wrinkle treatment but analysts believe official approval and licensing to Galderma will make a big difference. Botox and Azzalure are not simply interchangeable but it is unclear how Azzalure will be marketed as different. A New York analyst said he would expect it to take 20–25% of the US market share within 12–18 months.[1]

1. Teather D. Botox rival hopes to raise eyebrows. The Guardian (UK), 14 May 2009.

UK plastic surgeons warn not to be seduced by adverts and cheap surgery abroad

The British Association of Aesthetic Plastic Surgeons (BAAPS) launched a campaign to stop misleading advertising campaigns using digitally enhanced models and a "worrying trend" among some firms to offer financial incentives for surgery, including providing loans at a high rate of interest. One advertisement that was criticised featured the torso of a model with large breasts superimposed on the bottom half of a much slimmer woman, which was anatomically impossible. Another company was exposed for offering a £250 discount to customers as an incentive to have surgery done quickly. A third promoted a "lunchtime facelift". BAAPS emphasised that surgery is a serious undertaking which requires realistic expectations and should only proceed after proper consultation with a reputable and properly qualified clinician. It launched its own campaign with the tagline: "Thinking of cosmetic surgery? Be sure. Be safe." Many cosmetic surgery clinics have signed up to "Good Medical Practice in Cosmetic Surgery" but as this code is voluntary, it is flouted by many clinics.[1]

BAAPS also criticised "surgery safaris". Research published during BAAPS' 2009 annual conference reported "appalling and unethical" marketing tactics by websites offering packages overseas, and found that 90% of those surveyed did not mention the risks or possible complications from surgery, more than half offered only online or telephone consultations before surgery and 39% did not include details of the procedures. A quarter of its members in a poll reported a rise in patients complaining of complications after surgery abroad. The top countries from which surgeons reported patients returning with problems were South Africa, Poland, Belgium, Turkey and Thailand. Common procedures abroad were "tummy tucks" and breast augmentation, which carry significant risks, and although surgery abroad may be cheaper, the patient may have to pay for more expensive corrective procedures at home afterwards. The British Association of Plastic, Reconstructive and Aesthetic Surgeons has urged the National Health Service to treat patients suffering complications from surgery abroad only when they are in severe pain or have life-threatening conditions.[2]

1. Carter H. Nip, tuck, hard sell: don't let ads seduce you, plastic surgeons warn. The Guardian (UK), 19 September 2008.
2. Mcveigh K. Patients warned against cosmetic surgery "tourism". The Guardian (UK), 18 September 2009.

Labiaplasty for well women, UK

There are clear signs that labia excision in the UK is increasing. In 2008, the medical group Surgicare saw a threefold increase in the procedure in 2007/2008 and inquiries rose sevenfold in three years. Rates were also rising in the public sector where there were 1,118 labiaplasties in 2008 compared with 669 in 2007 and 404 in 2006. In almost all cases, labiaplasty is a response to the physical appearance of completely normal labia and a desire for more "attractive" genitalia. It is difficult for doctors to refuse such requests if the patient argues that her insecurities are psychologically damaging. There are no clear guidelines as to how a surgeon decides whether an operation is necessary. Counselling may be a better option for many. Most women asking for surgery are in their late teens or early 20s, but some as young as 10 or 11 are requesting it. In a review of published reports relating to labial surgery, no prospective, randomised or controlled studies were found. All reports claimed high levels of

patient satisfaction and anecdotes pertaining to success. There are no data on clinical effectiveness, no studies into the possible complications of labiaplasty, and no research into the impact on childbirth.[1,2]

1. Groskop V. A cut too far? The Guardian (UK), 20 November 2009.
2. Liao L-M, Michala L, Creighton SM. Labial surgery for well women: a review of the literature. British Journal of Obstetrics and Gynaecology 2010;117(1):20–25.

Should teenagers be helped to change sex?

In spite of anguish expressed by young transsexuals as their bodies begin to change with puberty in the direction of the wrong sex, there are differences of opinion as to whether they should be helped to change sex hormonally, which is reversible, until they are old enough to have irreversible surgery. Problems of sexual identity can begin to appear at a very young age. One mother reports how from the age of three, they knew something was wrong for their (then) son. "Looking back, we could never find any tape in the house. It was because she was taping her genitals up every day." This mother got a referral by her GP to the only London clinic dealing with gender identity disorder in children and adolescents. Her daughter was denied hormone treatment on the NHS until the age of 16, by which point she already had an Adam's apple, a deep voice and facial hair, and had attempted suicide several times.

Internationally, there is controversy over using puberty-blocking hormonal treatment which allows children to buy time to make a decision about gender reassignment surgery. After puberty, this surgery is much more complicated. Treatment centres in the US, Australia, Belgium, Canada, Germany, Norway and the Netherlands offer medication to suspend puberty, but the UK will not prescribe these drugs until age 16. A representative from the Gender Identity Research and Education Society (GIRES) – which is fighting to make the drugs available to children in the UK – says that many British specialists are "transphobic" and hope that during puberty the natural hormones will "cure" these teenagers. Parents argue that their children's lives are at risk if they do not get the medication, and some are seeking help abroad. A Dutch trial is monitoring 350 adolescents, of whom a small number have had access to the drugs, and although the data look promising, there is not yet evidence on the long-term effects of the treatment.[1]

The head of the adult gender identity clinic at Charing Cross hospital in London has interviewed many patients who regretted not having treatment during their early teens. Medically suspending puberty provides breathing space for the teenager and those providing care. He agrees there is a lack of long-term follow-up data on hormonal treatment, but "we do have long-term follow up of the consequences of denying timely treatment".[2]

1. Groskop V. "My body is wrong." The Guardian (UK), 14 August 2008.
2. Green R. Response: Young transsexuals should be allowed to put puberty on hold. The Guardian (UK): 28 August 2008.

16-year-old becomes Spain's youngest transsexual

A Spanish clinic performed a sex-change operation on a 16-year old boy – the youngest to undergo the operation in Spain to date. The teenager had been in treatment for nearly three years and had been taking hormones since age 15. A sex-change operation on a minor needs the approval of a Spanish court as the law sets the minimum age for such operations at 18. Permission was given in November 2009 by a judge after requests from the boy's parents, and the operation took place in December 2009. As a child the boy was convinced that he was female and had been born in the "wrong body". The question of whether children under 18 should be operated on is more an ethical and social debate than a medical one, and in the surgeon's opinion: "to deny transsexuality until people become adults only lengthens their suffering". The World Professional Association for Transgender Health says the threshhold should be 18, as does Sweden, which pioneered sex-change legislation; however Sweden provides young transsexuals with reversible hormone treatment before that. The socialist Spanish government of Zapatero passed a law two years ago allowing

transsexuals, with or without surgery, to formally change their sex.[1]

1. Tremlett G. 16-year-old becomes Spain's youngest transsexual. The Guardian (UK), 13 January 2010.

Community-based education programme on abandoning FGM, Senegal

The Government of Senegal outlawed the practice of female genital mutilation/cutting (FGM/C) in 1999, and several NGOs are working to raise awareness and implement behaviour change activities. TOSTAN has worked in the Kolda region since 1988 to empower women through a broad range of educational and health-promoting activities. 20 of TOSTAN's 90 communities were randomly selected, together with 20 comparison communities where TOSTAN does not work, to evaluate the effect of the programme on community members' willingness to abandon FGM/C. Few strategies to encourage abandonment of FGM/C have been systematically evaluated. Baseline, intermediate and endline surveys over two years (December 2000 to January 2003) were carried out among women and men who were directly or indirectly involved in the programme, and comparison communities who were not.

The findings suggest that information from the programme was diffused widely within the intervention villages, as indicated by improvements in knowledge about and critical attitudes toward FGM/C among women and men who had and had not participated in the programme, without corresponding improvement in comparison villages. Such changes in the intervention villages encouraged leaders from 300 villages in the region to participate in a mass public declaration against FGM/C in 2002. The prevalence of FGM/C among daughters aged ten years and younger decreased significantly over time as reported by women who were directly and indirectly exposed to the programme, but not among daughters in the comparison villages, suggesting that the programme had an impact on family behaviour as well as attitudes. Girls aged 5–10 whose genitals had not been excised increased from 21% at baseline to 44% and 49% at endline in those who were indirectly and directly exposed to the programme, respectively, suggesting that there is spillover beyond direct participants of the programme. This study provides evidence-based information to programme planners seeking to empower women and discourage this harmful traditional practice. The programme has since been replicated in eight other African countries.[1]

1. Diop NJ, Askew I. The effectiveness of a community-based education programme on abandoning female genital mutilation/cutting in Senegal. Studies in Family Planning 2009;40(4):307–18.

UK television presenter criticised for keeping quiet about weight loss surgery

UK television presenter Fern Britton faced a barrage of hostility when it was revealed that she kept quiet about having weight-loss surgery through a gastric band operation. It seems that what high-profile women do with their bodies has become public property. Obesity surgery is becoming more common and from 2007 to 2008 the number of people having gastric bypass surgery in the UK rose by 41%, to 3,459 operations overall. One in 2,000 people die from gastric band surgery, and for at least 10%, the operation is unsuccessful. 10% of people will need a further operation, and about 1% of people having any surgery to reduce obesity will die as a result, although they are less likely to die in the following ten years than those who remain overweight. UK guidelines state that anyone over age 12 with a body mass index over 40 (which includes a million people) qualifies for state-funded obesity surgery, so people face huge waiting lists. Private gastric bands cost around £7,000 and a bypass over £10,000. Experts agree that surgery will never be the answer to the obesity crisis and that the focus should be on prevention. Patients often want to hide their operations, and admitting that surgery is how they've lost weight is often tantamount to failure. Many people believe that Fern Britton – who lost five stone in the two years after her operation – has "failed". She was condemned for being overweight and now she is being criticised for "betraying" fat women and for the way she went about it. It seems that whatever their weight, women just cannot win.[1]

1. Cochrane K. The Ferngate Affair. The Guardian (UK), 4 June 2008.